



## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, understand that my work for \_\_\_\_\_ will involve handling sensitive personal information about Workforce Innovation and Opportunity Act ("WIOA") participants, including but not limited to participant's Social Security numbers.

I understand that my employer, as a condition of providing WIOA services, has agreed to terms and conditions designed to safeguard the information obtained from WIOA participants, and to maintain confidentiality as required by law. I understand that various federal and state laws prohibit the unauthorized use or disclosure of personal information obtained from WIOA participants.

**I agree to follow and be bound by those terms and conditions regarding confidentiality of personal information.** I understand that I may be subject to civil and criminal liability under state and/or federal law if I violate those terms and conditions.

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of employee